Intrapsychic Predictors of Professional Quality of Life: Mindfulness, Empathy, and Emotional Separation

Jacky T. Thomas, Ph.D.
University of Kentucky
Lexington, KY

Research Problem and Background

A growing literature documents the inherently stressful nature of working with persons who are suffering or traumatized, and the potential for the development of stress disorders among social workers and other helpers. Over the last two decades, considerable attention has been given to concepts such as *vicarious trauma* (VT), *compassion fatigue* (CF), *secondary traumatic stress* (STS), and the somewhat older concept of *burnout* among helping professionals. Several scholars have suggested that there is a direct relationship between work-related stress and retention in the profession, and have expressed concerns about the social, psychological, and economic costs of worker turnover (Bride, 2007; DePanfilis, 2006; Figley, 1995b; Yankeelov, Barbee, Sullivan, & Antle 2009). Others express concern that the strain of doing such work has the potential to impact the quality of decision-making and the capacity for developing or maintaining optimal client-worker relationships (Conrad & Kellar-Guenther, 2006; Huggard, 2003; Killian, 2008; Radey & Figley, 2007; Valent, 2002.)

Bride (2007) claims STS is "coming to be viewed as an occupational hazard" (p. 64), and Cunningham (2004) suggests professional training programs have an ethical obligation to better prepare students for what they will face in practice. In addition, Radey and Figley (2007) contend that it is important not just to address compassion fatigue and burnout, but also to examine factors which contribute to increased *compassion satisfaction* among those who do such work.

Previous studies of compassion fatigue and burnout have provided important information about professional and workplace variables that might influence risk, but relatively little attention has been paid to intrapsychic variables which may influence the social worker's capacity to sustain an engaged therapeutic presence without falling victim to the negative effects of "witnessing the suffering of others."

A few studies have looked at the relationship between empathy and vulnerability to secondary stress disorders, and at the notion of "emotional separation," the capacity to remain differentiated from the client (Badger, Royse, & Craig, 2008; Corcoran 1982, 1983). Though empathy is commonly assumed to be a critical factor in effective helping, it has also been considered a primary conduit for the development of secondary stress disorders (Decety & Lamm, 2006; Figley, 2002a; Rothschild, 2006). Recent understandings of the neurobiological basis of empathy point to an aspect of empathy, *personal distress*, as a possible specific path of vulnerability to secondary stress reactions. Personal distress is an aversive reaction to another's pain that is self-focused rather than other-directed and is associated with withdrawal or avoidance rather than an urge to help the suffering person (Davis, 1983; Decety & Lamm, 2009). Without sufficient affective regulation, the perception of pain in others is likely to lead to overarousoal and personal distress (Decety and Jackson, 2004), whereas persons who are able to modulate their vicarious experience of others' distress may be able to maintain an optimal level of empathic engagement but without aversive, self-focused levels of personal distress (Decety & Lamm, 2009).

Common practice wisdom has cautioned about the careful use of empathy. However, most advice regarding management of this risk has been relatively simplistic and prescriptive, with admonitions "not to take it home with you" and to "practice good self-care." There has been relatively little explication of *how* social workers manage to accomplish this intentional and judicious use of empathy, or whether there are skills/abilities which may be strengthened by training and/or practice that allow for effective connection with the client without compromising necessary emotional differentiation.

Mindfulness is an ancient concept that has recently received considerable attention in the behavioral medicine and psychotherapy literature. Mindfulness has been defined as "focusing one's attention in a nonjudgmental or accepting way on the experience occurring in the present moment" (Baer, Smith, & Allen, 2004, p.191) and is associated with successful intervention with various client populations and problems (see reviews in Baer, 2003; Brown, Ryan & Creswell, 2007; Chambers et al., 2009; Chiesa & Serretti, 2009). Several treatment approaches which use mindfulness training as a treatment component have been empirically validated, including Dialectical Behavior Therapy, DBT, (Linehan, 1993), Mindfulness-Based Stress Reduction, MBSR, (Kabat-Zinn, 1990), Mindfulness-Based Cognitive Therapy, MBCT, (Segal, Williams, & Teasdale, 2002), and Acceptance and Commitment Therapy, ACT, (Hayes, Strosahl, & Wilson, 1999).

Increasingly, empirical research is suggesting that mindfulness interventions may be applicable to clinical training and professional quality of life as well as to intervention with clinical populations. Studies have found decreases in aspects of burnout after

mindfulness interventions with practicing physicians (Krasner, et al., 2009) healthcare workers (Galantino, Vaime, Maguire, Szapary, & Farrar, 2005), and nurses and nursing assistants (Mackenzie, Poulin, & Steidman-Carlson, 2006). However, no studies have examined mindfulness in relation to compassion fatigue or compassion satisfaction, nor in relation to burnout specifically among social workers. In addition, further study is needed to examine the effect of practitioner empathy and emotional separation on compassion fatigue, burnout, and compassion satisfaction. The present study was an attempt to fill this gap.

Research Questions

This exploratory study asked whether levels of mindfulness, empathy, and emotional separation would influence professional quality of life, including compassion fatigue, burnout, and compassion satisfaction. Further, the study explored the relationships of relevant empathy subscales (*empathic concern, perspective taking, fantasy,* and *personal distress*) with mindfulness and emotional separation, and asked whether mindfulness and emotional separation might mediate relationships between empathy subscales and dependent variables. Finally, the study examined whether emotional separation might mediate the relationship between mindfulness and the dependent variables.

Research Methodology

Surveys consisting of demographic questions and four established scales measuring professional quality of life, mindfulness, empathy, and emotional separation were mailed to a random sample of 400 licensed clinical social workers in Kentucky. Data were collected between Mar. 8, 2008, and May 29, 2008, and included 171 usable surveys, a 42% response rate.

Measures included: the ProQOL-IV R (Professional Quality of Life) Scale (Stamm, 2005), with 3, 10-item subscales for compassion fatigue, burnout, and compassion satisfaction; the Interpersonal Reactivity Index (Davis, 1983), with 4 subscales measuring different aspects of empathy, including: empathic concern, perspective taking, fantasy, and personal distress; the Five-Facet Mindfulness Inventory (Baer et al., 2006); and the Maintenance of Emotional Separation Scale, (Corcoran, 1982). Five control variables (age, gender, years work experience, child trauma history, and adult trauma history) were included in the analyses as well, based on previous literature.

After examining zero-order correlations (Table 1), simultaneous-entry ordinary least squares (OLS) regression was used to examine whether there were significant

relationships between variables, and hierarchical regression was used to further explicate the relationships. In addition, Sobel tests for mediation were used to explore indirect effects, and analysis of variance (ANOVA) tests were used to examine differences related to particular ordinal and categorical variables.

Table 1

Zero-Order Correlations for All Study Variables

Var.	CF	B	CS	ES	M	PT	F	EC	PD	AT	CT	FG	A
(CF) Comp. Fatigue	---												
(B) Burnout	.646**	---											
(CS) Comp. Satis.	-.368**	-.725**	---										
(ES) Emot. Sep.	-.611**	-.591**	.393**	---									
(M) Mindfulness	-.429**	-.551**	.490**	.568**	---								
(PT) Persp. Taking	-.134	-.212*	.290**	.149*	.357**	---							
(F) Fantasy	.211*	.160*	-.096	-.232*	-.227*	-.067	---						
(EC) Emp. Conc.	.125	.006	.146	-.181*	.004	.346**	.184*	---					
(PD) Per. Distress	.364**	.392**	-.392**	-.432*	-.471**	-.379**	.320**	.005	---				
(AT) Adult Tr. Hx	.229*	.124	-.022	-.136	-.165*	-.110	.106	-.086	.210*	---			
(CT) Child Tr. Hx	.056	.046	-.044	-.053	-.045	-.224*	-.005	-.102	.130	.430**	---		
(FG) Female Gender	.084	.215*	-.146	-.125	-.076	-.050	.067	.061	.109	..141	.136	---	
(A) Age	-.074	-.210*	.196*	.099	.235*	.087	-.044	.010	-.075	.049	.085	-.286*	---
(WE) Work Exp.	-.031	-.191*	.178*	.091	.182*	.074	.015	-.031	-.107	-.035	-.010	-.297*	.746**

* $p < .05$; ** $p < .001$

Results

Findings from the simultaneous entry OLS regression (Table 2) showed significant, direct associations of higher mindfulness and emotional separation scores with higher compassion satisfaction scores and lower burnout scores. Mindfulness demonstrated the strongest association with compassion satisfaction. Higher emotional separation was also directly and significantly associated with lower compassion fatigue. The personal distress subscale of the empathy construct had a significant, direct, negative association with compassion satisfaction, while the empathic concern empathy subscale had a significant, direct, positive association.

Table 2

Regression Analysis of Factors Predicting Compassion Fatigue, Burnout, and Compassion Satisfaction

	Compassion Fatigue	Burnout	Compassion Satisfaction
	β	β	β
Adult Trauma History	.152*	-.017	.124
Child Trauma History	-.051	-.032	-.005
Age	-.070	-.016	.012
Female Gender	-.015	.118	-.072
Years Work Experience	.092	-.070	.067
Perspective Taking	.007	.014	.029
Fantasy	.004	-.014	.032
Empathic concern	.053	-.079	.187*
Personal Distress	.092	.115	-.193*
Mindfulness	-.079	-.234**	.274**
Emotional Separation	-.499***	-.413***	.177*
R2 (Adj. R2)	.411(.367)***	.453(.412)***	.326(.276)***

*, p < .05; **; p < .01; *** p < .001

When variables are entered into a regression equation sequentially, it is possible to see what each variable or set of variables adds to the predictive power of the model over and above what the previously entered variables have shown (Tabachnick & Fidell, 2001). Therefore, in order to better understand the relationships between the independent variables and dependent variables, an hierarchical regression analysis (using the enter method) was conducted for each of the dependent variables (Table 3). The control variables (child and adult trauma histories, age, female gender, years work experience) were entered in block 1. Given the emphasis in the literature on empathy as a path of vulnerability to secondary stress disorders, the four empathy subscales were entered in block 2. Mindfulness was entered in block 3, based on theoretical and empirical suggestion that mindfulness may allow individuals to step back from their immediate experience and take a meta-cognitive view of their experience. Finally, emotional

separation was entered in block 4. Results of the regression analyses are shown in Table 3 below. (It is understood, however, that causation cannot be determined by correlational data, and that while associations may be shown, the direction of effects proposed will need to be later tested with experimental models.)

Table 3

Hierarchical Regression Predicting Professional Quality of Life

	Compassion Fatigue				***Burnout***				***Compassion Satisfaction***			
	β	β	β	β	β	β	β	β	β	β	β	β
Block 1: **Controls**												
ChTraumaHx	-.051	-.055	-.036	-.051	-.022	-.052	-.024	-.032	-.043	.015	-.008	-.005
AdTraumaHx	.244**	.191*	.153	.152*	.107	.038	-.013	-.017	.003	.081	.122	.124
Age	-.128	-.123	-.063	-.070	-.120	-.099	-.011	-.016	.125	.082	.010	.012
Gender	.043	.014	.026	-.015	.159	.138	.154*	.118	-.083	-.074	-.087	-.072
Yrs. Work Exp.	.080	.097	.100	.092	-.070	-.064	-.060	-.070	.057	.065	.062	.067
Block 2: **Empathy**												
Perspective Taking		-.032	.053	.007		-.059	.053	.014		.013	.012	.029
Fantasy		.052	.026	.004		.027	.002	-.014		.004	.025	.032
Empathic concern		.146	.026	.053		.016	-.017	-.079		.133	.160*	.187*
Personal distress		.301***	.185*	.092		.348***	.192*	.115		-.353***	-.226**	-.193*
Block 3: **Mindfulness**			-.334***	-.079			-.447***	-.234**			.365***	.274**
Block 4: **Emotional Separation**				-.499***				-.413***				.177*
R2	.062	.192	.265	.411	.082	.220	.353	.453	.045	.220	.308	.326
R2Δ	.062	.130***	.073***	.146***	.082*	.138***	.132***	.100***	.045	.175***	.088***	.018*
Total Model												
F			9.331***				11.059***				6.512***	
R2(Adj. R2)			.411 (.367)				.453 (.412)				.326 (.276)	

*, p < .05; **; p < .01; *** p < .001

In block 2 of each hierarchical regression, which included the control variables and the empathy subscales, the personal distress subscale predicted all three dependent variables at the $p < .001$ level (β from .301 to.353), with higher levels of personal distress predicting lower compassion satisfaction and higher burnout and compassion fatigue.

When mindfulness was added to the models in block 3, mindfulness predicted all three dependent variables at $p < .001$ (β. = .334 to .447), with higher mindfulness predicting lower compassion fatigue and burnout and higher compassion satisfaction. The effect of personal distress on all dependent variables was lowered with the addition of mindfulness to the model (β = .185 to .226). These results suggested a mediation effect, and Sobel tests for mediation confirmed that mindfulness significantly mediated the effect of personal distress on all dependent variables (all test statistics significant at $p < .001$). .

Finally, when emotional separation was added to the model in block 4, it predicted compassion fatigue and burnout at the $p < .001$ level (β = -.499 and -.413, respectively), and compassion satisfaction at $p < .05$ (β = .177). The effect of personal distress on all dependent variables was further lowered with the addition of emotional separation, and Sobel tests again verified that emotional separation significantly mediated the effect of personal distress on compassion fatigue, burnout, and compassion satisfaction. Further, Sobel tests showed that the effect of mindfulness on all three dependent variables was significantly mediated by emotional separation (all test statistics significant at $p < .001$), and the influence of mindfulness on compassion fatigue was fully mediated by emotional separation.

The empathic concern subscale of the empathy construct was weakly associated with higher levels of compassion satisfaction, and one of the control variables, adult trauma history, was weakly associated with higher levels of compassion fatigue. Otherwise, none of the other control variables or empathy subscales was found to significantly influence any of the dependent variables. Overall, the models of predictor variables (including mindfulness, empathy, emotional separation and the five control variables) explained approximately 41% of the variance in compassion fatigue scores, 45% of the variance in burnout scores, and 33% of the variance in compassion satisfaction scores.

Implications for Social Work Practice

The results of this study indicated that mindfulness, emotional separation, and aspects of empathy did significantly influence levels of compassion fatigue, burnout, and compassion satisfaction among clinical social workers. In addition, both mindfulness and emotional separation mediated the detrimental effect of personal distress on all three of the dependent variables in this study. Further, the study suggested that one of the

mechanisms by which mindfulness may positively influence professional quality of life is through an increased capacity of the professional to maintain a separate, differentiated self, as indicated by the significant mediation of the effect of mindfulness on professional quality of life by emotional separation.

The findings contribute to a beginning understanding regarding ways practitioners might process and metabolize their work experiences in order to minimize negative effects. The results suggest that an emphasis on the intentional management of internal emotional states, long a focus of clinical intervention, may also be important for practitioners. A great deal of empirical information is already in place regarding the benefits of mindfulness training in the areas of attentional and emotional regulation, as well as the mechanisms involved in teaching and learning mindfulness. Translational research which more directly applies these findings to the training of practitioners and tests effects in experimental studies of mindfulness interventions with students and practicing professionals is indicated. The study potentially has implications both for clinical training of helping professionals, and for the on-going support of practitioners.

References

Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: An exploratory study of contributing factors. *Health and Social Work, 33*(1), 63-70.

Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*(2), 125-143. doi:10.1093/clipsy.bpg015

Baer, R. A.**,** Smith G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11, 191-206.

Baer, R. A., Smith, G.T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. *Assessment, 13*(1), 27-45. doi:10.1177/1073191105283504

Bride, B. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work, 52*(1), 63-70.

Brown, K. W., Ryan, R. M., & Creswell, J. D. (2007). Mindfulness: Theoretical foundations and evidence for its salutary effects. *Psychological Inquiry*, 18 (4), 311-237. http://tinyurl.com/2837wo2

Chambers, R., Gullone, E., & Allen, N. B. (2009). Mindful emotion regulation: An integrative review. *Clinical Psychology Review, 29*, 560-572. doi:10.1016/j.cpr.2009.06.005

Chiesa, A., & Serretti, A. (2009). Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis. *Journal of Alternative and Complementary Medicine*, *15*(5), 593-600. doi:10.1089/acm.2008.0495

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse and Neglect*, *30*, 1071-1080. doi:10.1016/j.chiabu.2006.03.009

Corcoran, K.J. (1982). An exploratory investigation into self-other differentiation: Empirical evidence for a monistic perspective on empathy. *Psychotherapy: Theory, Research, and Practice, 19*(1), 63-68. doi:10.1037/h0088418

Corcoran, K.J. (1983). Emotional separation and empathy. *Journal of Clinical Psychology*, *39*(5), 667-671. doi:10.1002/1097-4679(198309)39:5<667::AID-JCLP2270390505>3.0.CO;2-C

Corcoran, K.J. (1982). An exploratory investigation into self-other differentiation: Empirical evidence for a monistic perspective on empathy. *Psychotherapy: Theory, Research, and Practice, 19*(1), 63-68. doi:10.1037/h0088418

Davis, M.H. (1983). Measuring individual differences in empathy: Evidence for a multi-dimensional approach. *Journal of Personality and Social Psychology, 44*(1), 113-126.

Decety, J., & Lamm, C. (2006). Human empathy through the lens of social neuroscience. *The Scientific World Journal, 6*, 1146-1163. doi:10.1100/tsw.2006.221

Decety J. & Jackson, P. L., (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews, 3,* 71-100. doi:10.1177/1534582304267187

Decety, J. & Lamm, C. (2009). Empathy versus personal distress: Recent evidence from social neuroscience. In J. Decety & W. Ickes (Eds.). *The social neuroscience of empathy* (pp. 199-213). Cambridge, Massachusetts: The MIT Press.

DePanfilis, D. (2006). Invited commentary – Compassion fatigue, burnout, and compassion satisfaction: Implications for retention of workers. *Child Abuse & Neglect, 30*(10), 1067-1069. doi:10.1016/j.chiabu.2006.08.002

Figley, C. R. (1995b). Compassion fatigue: Toward a new understanding of the costs of caring. In B.H. Stamm (Ed.), *Traumatic stress*: *Self-care issues for clinicians, researchers, & educators* (pp. 3-28). Baltimore: Sidran Press.

Figley, C. R. (2002a). Compassion fatigue: Psychotherapists' chronic lack of self care. *JCLP/ In Session: Psychotherapy in Practice, 58*(11), 1433-1441. doi:10.1002/jclp.10090

Galantino, M. L., Vaime, M., Maguire, M., Szapary, P., & Farrar, J. (2005). Short communication: Association of psychological and physiological measures of stress in health-care professionals during an 8-week mindfulness meditation program: Mindfulness in practice. *Stress and Health*, *21*, 255-261. doi:10.1002/smi.1062

Hayes, S. C., Strosahl, K., & Wilson, K. G. (1999). *Acceptance and commitment therapy*. New York, N.Y.: Guilford Press.

Huggard, P. (2003). Compassion fatigue: How much can I give? *Medical Education, 37*, 163-164.

Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, N.Y.: Dell Publishing.

Killian, Kyle D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, *14*(2) 32-44.

Krasner, M. S., Epstein, R. M., Beckman, H., Suchman, A. L., Chapman, B., …& Quill, T.E. (2009). Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Journal of the American Medical Association*, *302*(12), 1284-1293.

Mackenzie, C.S., Poulin, P.A., & Steidman-Carlson, R. (2006). A brief mindfulness-based stress reduction intervention for nurses and nurse aides. *Applied Nursing Research, 19* (2), 105-109.

Radey, M., & Figley, C. (2007). The social psychology of compassion. *Clinical Social Work Journal*, *35*, 207-214. doi:10.1007/s10615-007-0087-3

Rothschild, B. (2006). *Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma*. New York, N.Y.: W. W. Norton.

Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression: A new approach to preventing relapse*. New York, N.Y.: Guilford Press.

Stamm, B.H. (2005). *The professional quality of life scale: Compassion satisfaction, burnout & compassion fatigue/secondary trauma scales.* Lutherville, MD: Sidran Press. Retrieved from http://www.isu.edu/irh/documents/proqol/ProQOL_Manual.pdf

Tabachnick, B.G. & Fidell, L.S. (2001). Using multivariate statistics (4th Ed.). Needham Heights, MA: Allyn & Bacon.

Thomas, J. & Otis, M. (2010). Intrapsychic correlates of professional quality of life: Mindfulness, empathy, and emotional separation. *Journal of the Society for Social Work and Research 1* (2), 83-98. doi: 10.5234/jsswr.2010.7.

Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C.R. Figley (Ed.), *Treating compassion fatigue* (pp. 17-38). New York, N.Y.: Brunner-Routledge.

Yankeelov, P. A., Barbee, A. P., Sullivan, D., & Antle, P. F. (2009). Individual and organizational factors in job retention in Kentucky's child welfare agency. *Children and Youth Services Review, 31*, 547-554. doi:10.1016/j.childyouth.2008.10.014